

**INSTRUCTIONS FOR
CHILD ABUSE/NEGLECT CENTRAL REGISTRY CLEARANCE REQUEST
(DHR-FCS-1598)**

**** PLEASE CONTACT THE STATE DEPARTMENT OF HUMAN RESOURCES, OFFICE OF CHILD PROTECTIVE SERVICES, CA/N CENTRAL REGISTRY, 50 RIPLEY STREET, MONTGOMERY, AL 36130, TELEPHONE NUMBER (334) 242-9500, FOR AN ORIGINAL OF THIS FORM.**

THE COPY ON THE DHR WEBSITE IS FOR INFORMATION ONLY. INTERNET AND PHOTOCOPIES CANNOT BE ACCEPTED, AND WILL BE RETURNED TO THE ENTITY REQUESTING THE CLEARANCE.

Purpose: This form is used to request information from the Child Abuse/Neglect (CA/N) Central Registry for employees or potential employees who will provide unsupervised care and supervision for children or other vulnerable persons.

CA/N Central Registry clearances for the individuals listed below are conducted by the County Department of Human Resources. The completed 1598, in its entirety (**both the original and the copy**), must be submitted to the County Department of Human Resources in which the person being cleared resides.

- Foster family and adoptive home applicants when the county DHR is responsible for approval
- Individuals applying to be Medicaid Rehabilitative Service providers
- Current or prospective family day care or night time care home providers
- JOBS Program participants who are under consideration for a job placement involving the unsupervised care and supervision of children or other vulnerable persons

All other clearance requests must be submitted to the State Department of Human Resources, Office of Child Protective Services, CA/N Central Registry, 50 Ripley Street, Montgomery, AL 36130.

When the County DHR conducts the clearance, the original completed form must be filed in a master file for all CA/N Central Registry clearances and the yellow copy is filed in the provider applicant's or JOBS participant's case record.

When SDHR conducts the clearance, the yellow copy of the completed 1598 is returned to the person/agency/organization making the request.

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Instructions:

The person/agency/organization requesting the clearance **must** provide an **original** form 1598 with all information completed. Xeroxed copies of 1598s cannot be accepted and will be returned to the entity requesting the clearance. The 1598 must be signed and dated (in the appropriate locations) by the entity requesting the clearance, the person being cleared, and a witness.

Complete the 1598 by **printing or typing** all information in black or blue ink. Attach additional pages as needed to provide all requested information.

Requesting Person or Agency/Organization Enter the name of the person, agency, or organization requesting the clearance.

Mailing Address Enter the complete mailing address of the person, agency, or organization requesting the clearance.

Telephone Number Enter the telephone number including area code of the person, agency, or organization requesting the clearance.

PRINT Requestor's Name **PRINT** the name of the person, agency, or organization requesting the clearance.

Requestor's Signature / Date Signature of the person or the agency's/organization's designee and the date the 1598 is signed.

Witness Signature / Date Signature of the person witnessing the requestor's signature and the date the 1598 is signed.

Check All That Apply Enter "X" in the box that indicates the person/agency/organization requesting the clearance. Persons applying to be certified as a provider of Medicaid Rehabilitative services need to enter "X" in the "Medicaid Rehab Provider – DHR Vendor" box. When none of these categories apply, enter "X" in the "Other" box and specify the nature of the business where the person will provide unsupervised care and / or supervision of children or other vulnerable persons.

Employee / Volunteer / Other Select the appropriate category indicating the relationship of the person being cleared to the requesting entity.

Name And Identifying Information Enter the name, sex, race, date of birth, and current mailing address of the person being cleared.

Alias, Maiden & Prior Married Name(s) Enter all aliases, maiden, and prior married names) for the person being cleared. Enter N/A if not applicable.

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Name / DOB of Spouse & Former Spouse(s) Enter the name and date of birth of the spouse and any former spouses of the person being cleared. Enter N/A if not applicable.

Name / DOB of Children / Stepchildren Enter the name and date of birth of all children and any stepchildren of the person being cleared. Enter N/A if not applicable.

Alabama Counties Enter the name of all Alabama counties where the person being cleared has lived and/or worked.

To be completed by person being cleared The person being cleared must sign and date the 1598. A witness must also sign and date the 1598 verifying the signature of the person being cleared.

Submitting Completed 1598s To The Department of Human Resources

Completed 1598s must be submitted to the Department of Human Resources office within ninety (90) days of the date the form was signed by the person to be cleared.

A CA/N Central Registry clearance will be conducted by the County or State Department of Human Resources following receipt of an accurately completed, signed, and dated 1598 to determine if the name of the person being cleared is located in the CA/N Central Registry. Documentation of the results of this clearance will be noted in the **To be completed by DHR** section.

The person/agency/organization making the request is notified that (1) there is a substantiated (i.e., "indicated") report involving the person being cleared; or (2) there is not a substantiated (i.e., "indicated") report involving the person being cleared; or (3) the request was denied and the reason why; or (4) there is an "other" disposition which will be explained. When a substantiated (i.e., indicated) report is located on the person being cleared, information about that report will be provided to the person/agency/organization making the request.